



# NAMI Connecticut

Connecticut's Voice on Mental Illness

**To:** Members, Public Health Committee  
**From:** Peter Case, President, NAMI Stamford/Greenwich  
**Subject:** **HB 5631 AAC State Spending on Community Mental Health Services**  
**Date:** February 21, 2007

Good afternoon Senator Handley, Representative Sayers, and members of the Committee. My name is Peter Case and I am president of the Stamford/Greenwich affiliate of NAMI, the National Alliance on Mental Illness. I am here to speak in support of HB 5631, An Act Concerning State Spending on Community Mental Health Services.

At NAMI, I am reminded every day of the needs that make your support of this bill important.

For example, the parents of a young adult with schizophrenia who was about to be discharged from a Department of Mental Health and Addiction Services (DMHAS) facility in New Haven County contacted me for help finding local supportive housing. They did not want their son to live at home. They could not provide the structured, supervised treatment he needed and it would have caused unacceptable stress on other family members. This is a very common situation.

In another case, an adult in recovery from severe bipolar disorder was desperately searching for local affordable housing. Her illness prevents her from earning the kind of income she used to and she was residing in the cheapest safe place she could find, a YWCA just across the border in New York State. But out-of-state residency meant she would lose the excellent psychiatric help and medication she was receiving at the F.S. DuBois Center, DMHAS' unit in Stamford. That kind of interruption could very well reverse the progress she had made in her recovery.

NAMI has urged the state to exercise the adult Medicaid rehabilitation option (MRO) as one way to pay for community based services that meet needs like the ones I have just described. But in its implementation of the MRO, it is planning to reduce DMHAS grant funds over time. This plan will actually undermine the system of community services and supports. It will shrink the existing system because it does not take into account people who are not eligible for Medicaid. It does not account for services that are not Medicaid-reimbursable. Nor does it recognize the administrative costs providers will incur in transitioning to the MRO.

The state cannot continue to expand Medicaid without a method for sustaining and promoting the community mental health system. HB 5631 would ensure that DMHAS grant funds are kept whole, and would thus help the state, finally, keep its promise to repair and rebuild a community based system for mental health care.